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CONFIRMATION NO. 4868

<b>SERIAL NUMBER</b> 10/700,992	<b>FILING OR 371(c) DATE</b> 11/03/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> P3121R1C1
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**APPLICANTS**

Audrey Goddard, San Francisco, CA;  
 Paul J. Godowski, Hillsborough, CA;  
 Austin L. Gurney, Belmont, CA;  
 Colin K. Watanabe, Moraga, CA;  
 William I. Wood, Hillsborough, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/964,994 09/26/2001 PAT 6,740,520 which is a CIP of 09/941,992 08/28/2001  
 which is a CON of PCT/US00/08439 03/30/2000  
 and is a CIP of PCT/US01/06620 02/28/2001 *elk*  
 which claims benefit of 60/191,105 03/22/2000  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*None - elk*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

01/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 52	<b>INDEPENDENT CLAIMS</b> 22
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>elk</i> Examiner's Signature _____ Initials _____				

**ADDRESS**

09157

**TITLE**

Novel cytokine receptors and nucleic acids encoding the same

<b>FILING FEE RECEIVED</b> 4134	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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